



STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Myrick (FIRST) Jael (MIDDLE) P.
2013 MAR 11 AM 11:50

1. Office, Agency, or Court

Agency Name
City of Richmond

Division, Board, Department, District, if applicable
City Council

Your Position
Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2013 MAR -5 PM 4:26
RECEIVED
CITY CLERKS OFFICE
CITY OF RICHMOND

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____ ☐ County of _____

☒ City of Richmond ☐ Other _____

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2012, through December 31, 2012.

☒ Assuming Office: Date assumed 02 / 05 / 2013

☐ Leaving Office: Date Left _____ (Check one)

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ The period covered is _____, through the date of leaving office.

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

☐ None - No reportable interests on any schedule

► Total number of pages including this cover page: _____

5. [Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge that I am not making any false or misleading statements.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete.

Date Signed 3/9/13
(month, day, year)

CALIFORNIA FORM

700

FAIR POLITICAL PRACTICES COMMISSION

Name

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

► NAME OF SOURCE (Not an Acronym)
Yvonne Airt

ADDRESS (Business Address Acceptable)
124A Washington Ave, Richmond, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
~~172013~~

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/25/13</u>	<u>\$75</u>	<u>donation to Foster Childs College Fund</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____